

# AUTHORIZATION INSTRUCTIONS & AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT) FOR EXCISE TAX PAYMENTS

	(DOR Use Only)				
	☐ New				
	☐ Change				
Bank Location					
No.					
	ELF				
	(Touch Tone)				

Important: The information provided on this form does not give the Washington State Department of Revenue (DOR) or the Department's bank authorization to withhold from your account funds not authorized for payment to the Department.

	account junus not autno	rizeu joi puymeni io ini	е Берантені.	(Touch Tone)	
	Instructions on Back			DOR Tax Reporting Account Number	
	Business Ownership (Legal Entity)			Check here if name chan	
	Firm/Trade Name (DBA)			I	
	Mailing Address (Street Address, Box Num	nber, City, State, Zip)			
	E-mail Address			Fax Number	
		1		( )	
	Contact Name	Title		Phone	
	Contact Name	Title		Phone	
				( )	
	<b>Automated Clearing House</b>	(ACH) Debit			
]		d below. My bank is aut	horized to debit such acco	ount. This authority is to remain in full DOR and Taxpayer can be reached.	
	Name on Bank Account		Checking Account Number		
	Bank Name		Transit & Routing Number		
	Branch		Please Atta	ach a Copy of Voided Check	
	Electronic Refund Informa	tion	1		
	Electronic refunds may be provided necessary to credit the account for				
	Name on Bank Account		Checking Account Number		
	Bank Name		Transit & Routing Number		
	Branch		Please Attach a Copy of Voided Check		
7	Authorized Representative	Signature(s)			
	Name		Title		
	Signature		ı	Date	
	Name		Title		
	Signature		l	Date	

Mail to: Department of Revenue Electronic Filing Registration & Support PO Box 47476 Olympia WA 98504-7476

#### INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION FORM

### **GENERAL**

Please type or print clearly using black ink. **If this is a change, fill out the form completely as this will replace any previous authorization form**. Return the form to: The Department of Revenue, Electronic Filing Registration and Support, PO Box 47476, Olympia WA 98504-7476.

## **SECTION I**

Fill out all blocks with required information. We suggest the first contact name be the one making the EFT payment and the second name be a supervisor or alternate person.

#### **SECTION II**

**Electronic Filing (ELF)** is a method of filing a tax return using the Department's Internet program. ACH Debit payments are submitted at the time of filing the electronic tax return. Should the program be unavailable, an alternative method of payment will be needed. The Department's bank will provide a set of backup instructions using the Touch-Tone method for this purpose.

Please complete **every** block of information within this section. The "Transit and Routing Number" is the bank identification number located on the lower left portion of the check. *Please attach a copy of a voided check*.

➤ Refer to the EFT Due Date flier to ensure timely payments.

#### **SECTION III**

EFT legislation provides for electronic refunds to participating taxpayers. Your bank account information is requested to process an electronic refund. Omission of this information will result in a refund check being processed and issued directly to the Taxpayer at its business mailing address.

If you do **not** want to receive EFT refunds, skip this section.

## **SECTION IV**

Signatures authorize all agreements and information provided in this agreement.

### QUESTIONS/CHANGES

If you have any questions or future changes regarding the information on this form, please contact an EFT representative at (360) 902-7170.

To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 753-3217. Teletype (TTY) users please call (800) 451-7985.